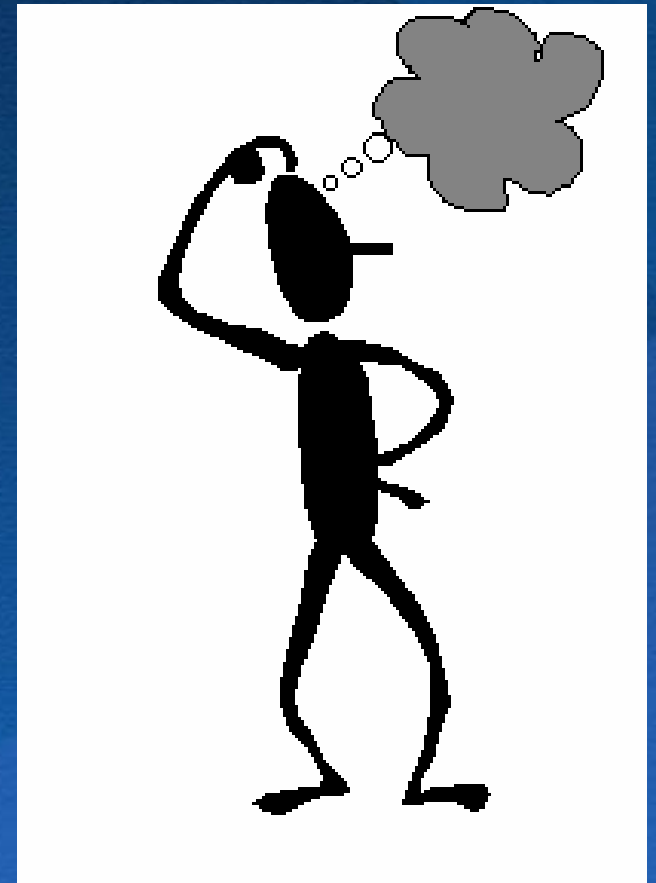




Early Intervention for Mild Cognitive Impairment

Elizabeth Rand - Cognitive Dementia & Memory Service
Caulfield General Medical Centre, Melbourne.

- It's normal to forget.
- It's not normal for this to seriously disrupt our life.



The Clinical Context

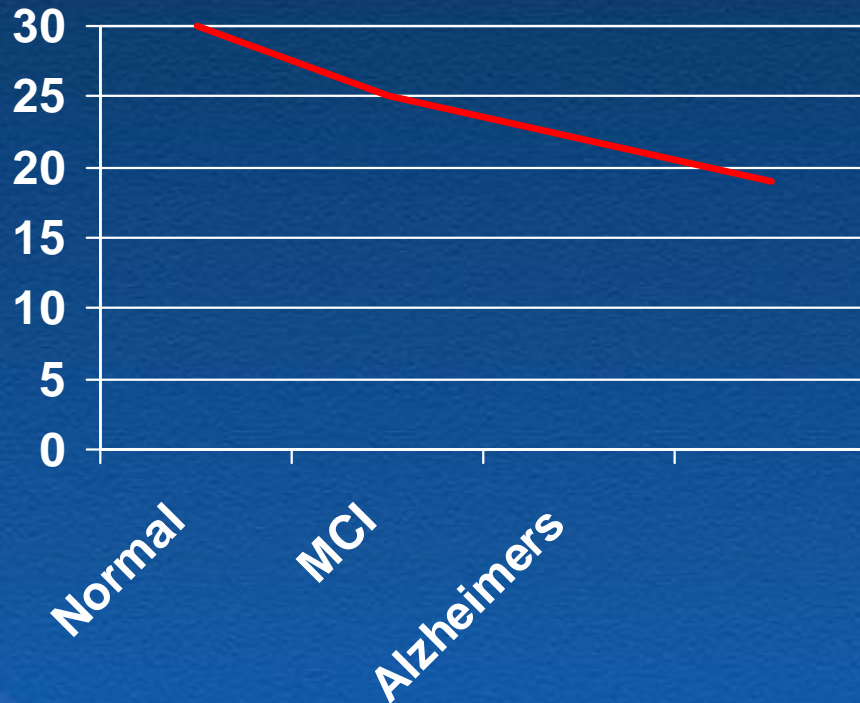
- Increase in early presentations to memory clinics
- Genuine memory problems insufficient for diagnosis of dementia

Daily News



*Latest Breakthrough
Scientists close to a cure
for Alzheimer's*

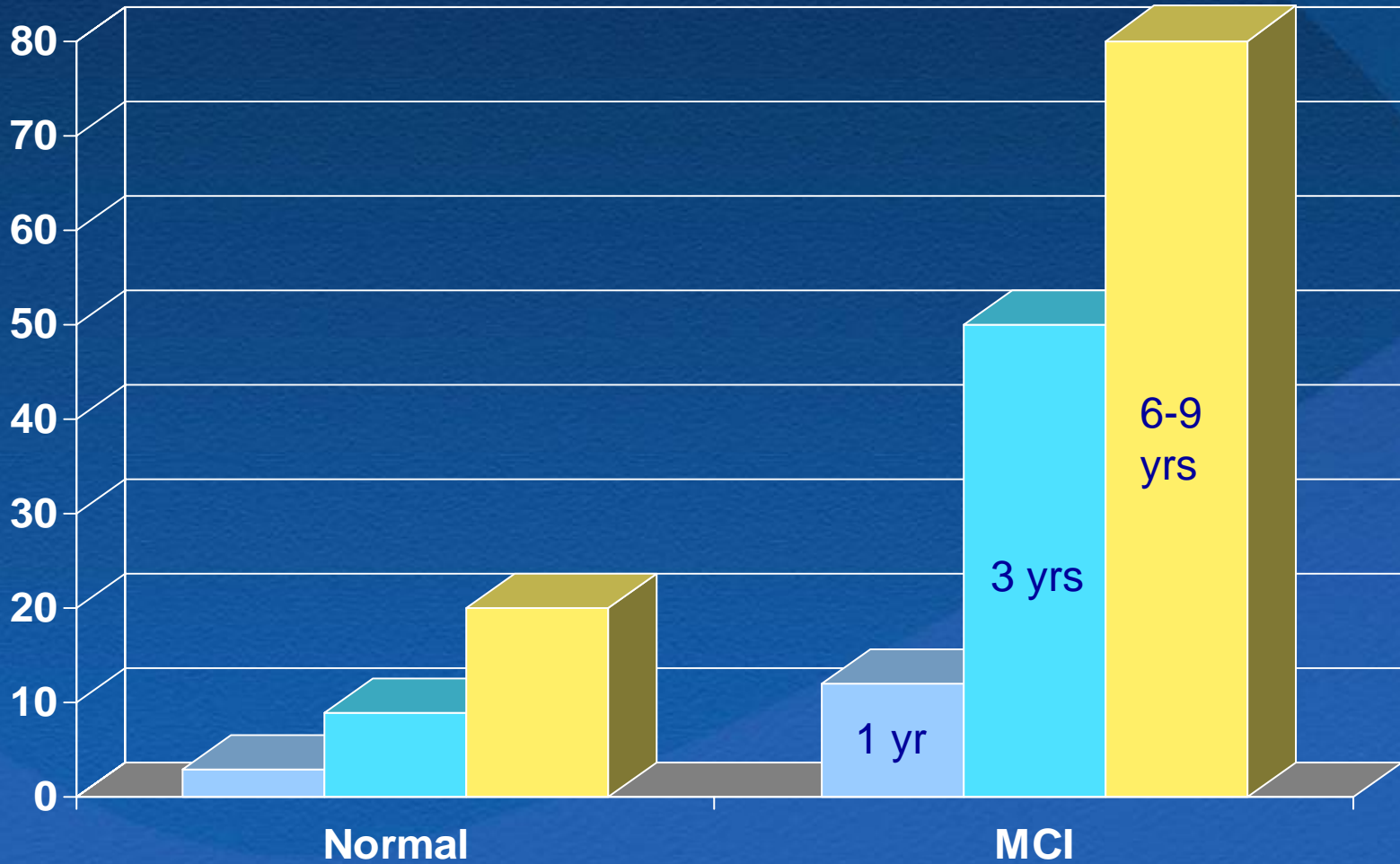
Mild Cognitive Impairment



Consensus Criteria

- Complaint of memory difficulty
- Objective memory impairment on testing
- Relatively normal cognition (MMSE >24)
- Relatively normal IADL's
- Not reaching clinical criteria for dementia.

Conversion Rates to Alzheimer's Disease



Advantages of Early Diagnosis?

- Dementia

- Explanation / Understanding
- Options
 - Medication
 - Support programs
 - education
 - advanced planning.

- MCI

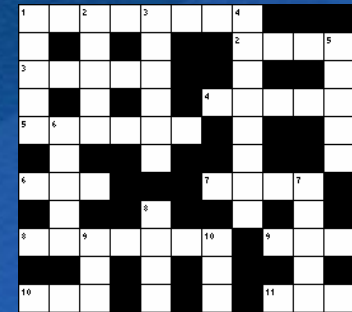
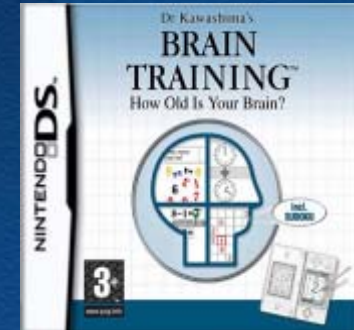
- Uncertainty
- Limited options
 - no medications
 - no formalised support programs
 - limited information

Brain Training?



- **Can Memory Strategies Training**

- Reduce everyday memory failures?
 - Increased knowledge and use of strategies
- Improve psychological wellbeing of the person and their family?



			2	8	6				
4				3		7	5	6	
1		9				3	2		
3						1	6		
			7		5				
	9	2							4
	4	1				2		3	
9	8	5		1					7

Research Development

- Collaboration
 - Latrobe University Psychology School
 - CDAMS - Caulfield General Medical Center
 - CDAMS - Bundoora Extended Care Center
- Caulfield General Medical Center Professional Development Grant (\$5000)
- Alzheimer's Australia -
 - Hazel Hawke Research Grant (\$20,000)

How did we carry out the study?

- Recruitment from **two memory clinics**
- 52 participants and their families.
- **Random assignment** to either the intervention memory group or a waiting list control group.
- **5-week intervention**
- **Assessment** at pre- and post-intervention and four month follow-up.

Sample Characteristics

	Waiting-List	Intervention
	<i>n</i> = 22	<i>n</i> = 30
	<i>M</i>	<i>M</i>
Gender (M : F)	9 : 13	14 : 16
Age*	74.73	78.87
Education (yrs)	11.68	13.03
Estimated IQ	105.41	106.80
MMSE (total)	26.82	26.10

* Waiting-List group were slightly younger than Memory group

Memory Strategies Group Intervention.

- Memory Group
 - 5 X 1 1/2 hour sessions (one per week)
 - 4 - 6 dyads in each group
 - Semi-structured sessions
 - Oral presentations
 - Interactive - problem based learning.
 - Written information
 - Homework



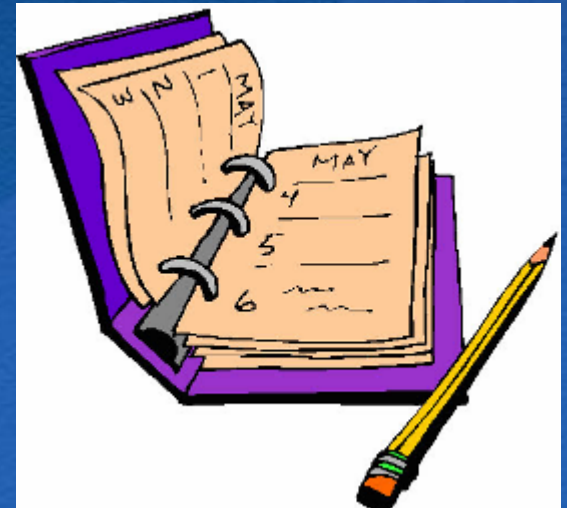
Waiting List Control Group



- Routine information and monitoring through CDAMS - Memory clinic
- Opportunity to participate in group after follow up completed (ie around 6 months).

Common Themes

- Planning to remember
- Mindfulness - present mindedness
- Depth of processing - multiple domains
- Routines / organisation
- Problem Solving
- Normalisation.



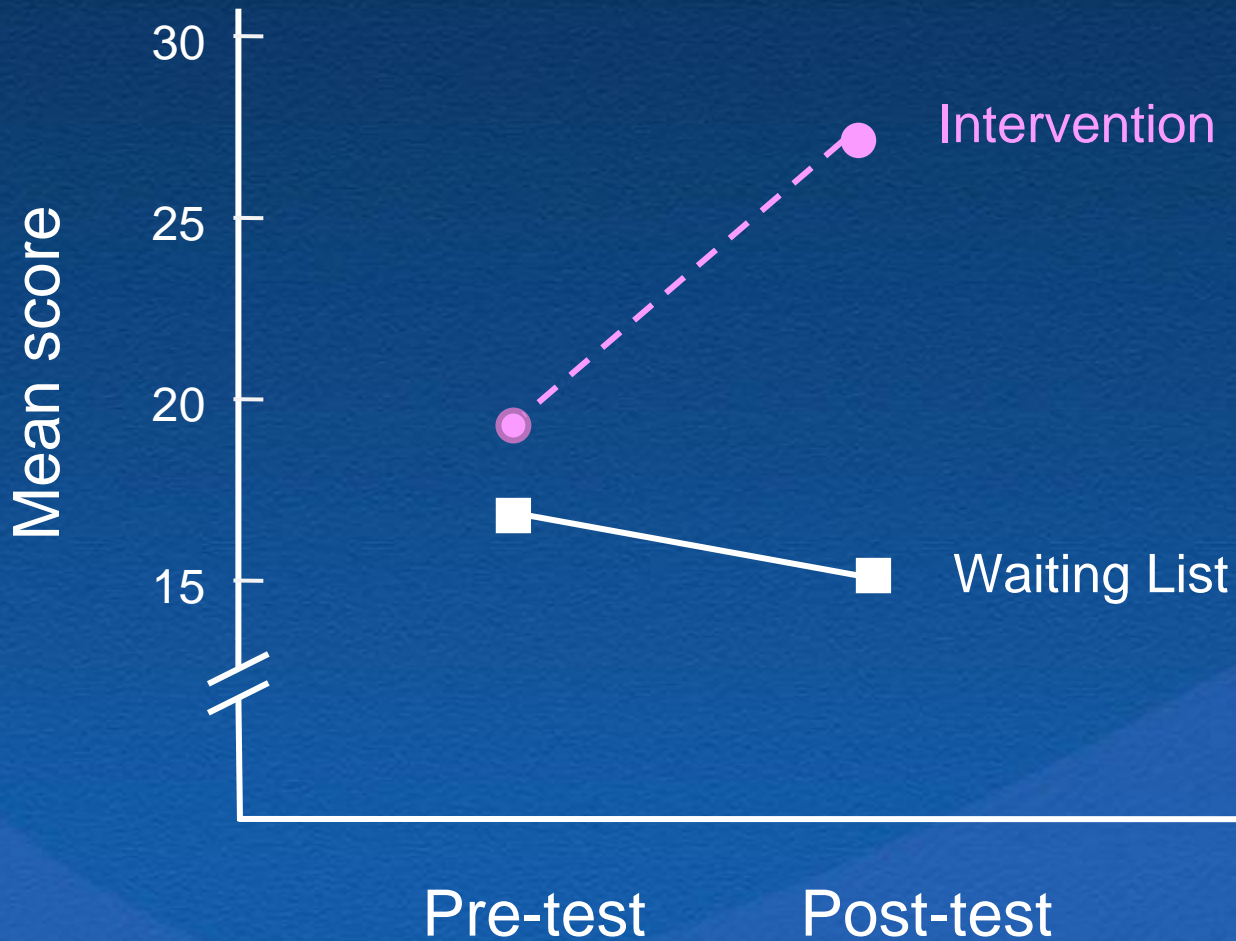
Memory Disability: Prospective Memory



Memory Strategies: Use in everyday situations (Self-report – MMQ-strategy)

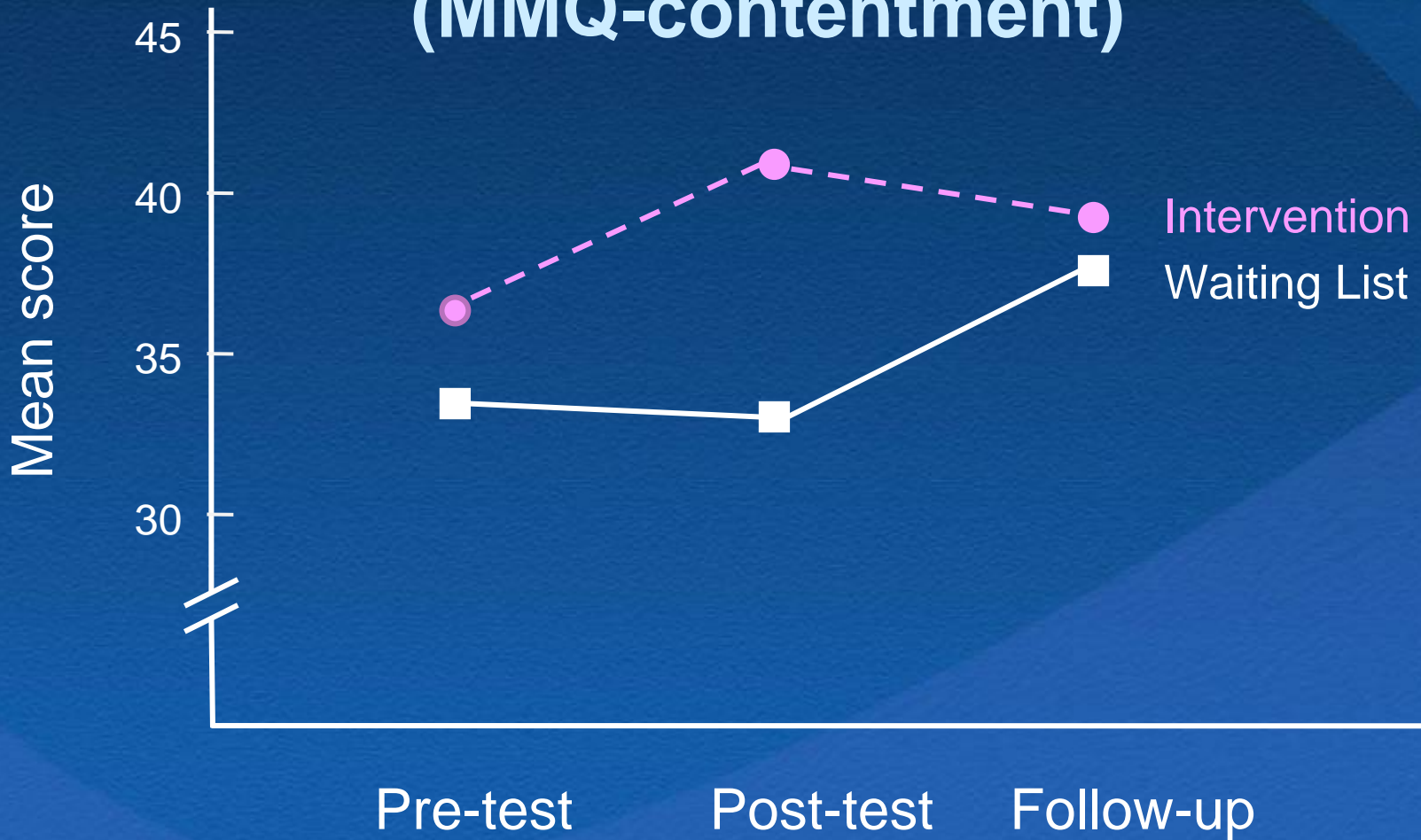


Memory Strategies : Knowledge (Family)



Emotional Status: Self-report

(MMQ-contentment)



Does intervention help? Probably



- **Memory Disability** – *increase in prospective memory performance, although not in self-report*
- **Memory Strategies** – *increase in knowledge (and family) and increase in use of strategies*
- **Memory Impact** – *increase in memory contentment*

Where to Next?

- NHMRC Grant
- Larger cohort study
 - refining measures
 - developing group program “package”
- Collaboration between
 - Latrobe University Psychology Dept
 - Caulfield General Medical Center
 - Austin Hospital
 - St Vincent’s Hospital (Vic)
 - National Ageing Research Institute.

